

FORM COR-C/OH

# **CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed: <u>4</u>		<b>OFFICE USE ONLY</b>	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>MR</u> FIRST <u>Derek S.</u> MI NICKNAME <u>Townsend</u> LAST <u>Sr.</u> SUFFIX		Date Received Received—City Secretary Office Date: <u>10-5-10</u> Time: <u>3:50 P.M.</u>	
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year      THROUGH      Month Day Year <u>7/16/08</u> <u>12/31/08</u>		Receipt #      Amount Legal      Totals Date Processed Date Imaged	

6 EXPLANATION OF CORRECTION

① Prior Report had 1) missing Date Stamp Rec'd Form Cor-C/OH Cover Sheet pg 1; 2) no notary witness c/OH Cover Sheet pg 2, (transposed # previously)

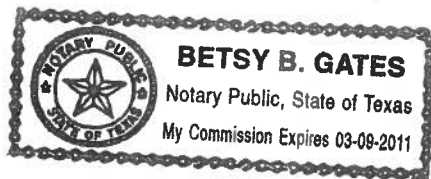
② Correct Outstanding Loan Total Balance #6 Form c/OH Cover Sheet pg 2

③ Clarify full name of actual vendor.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



☒ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*[Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by DEREK TOWNSEND SR. this the 5 day of OCTOBER

20 10 to certify which, witness my hand and seal of office.

*Betsy B. Gates*  
Signature of officer administering oath

BETSY B. GATES  
Printed name of officer administering oath

ASSIST. CITY SECRETARY  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>4</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Derek</b> FIRST MI NICKNAME LAST SUFFIX <b>Townsend Sr.</b>		<b>OFFICE USE ONLY</b>  Date Received Received <b>City Secretary Office</b> Date: <b>10-5-10</b> Time: <b>3:30 P.M.</b>  Date Hand-delivered or Date Postmarked  Receipt # Amount  Date Processed  Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>30618 Wm. Juergens Dr.</b> <b>Tomball, Tx. 77375</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(281) 357-1561</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Lisa</b> FIRST MI NICKNAME LAST SUFFIX <b>Townsend</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>30618 Wm. Juergens Tomball, Tx. 77375</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(281) 357-1561</b>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>7 / 16 / 08</b> <b>12 / 31 / 08</b>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <b>5 / 10 / 08</b>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Council Pos. 1</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..  Name  Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Derek S. Townsend Sr. 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

-- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 500.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

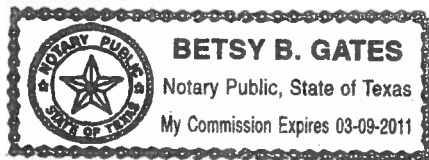
\$ -0-

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3857.51

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code

*[Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DEREK TOWNSEND SR, this the 5 day of OCTOBER, 20 10, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

BETSY B. GATES  
Printed name of officer administering oath

ASSIST. CITY SECRETARY  
Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

Derek S. Townsend Sr

3 ACCOUNT # (Ethics Commission file)

4 Date

8-29-08

5 Payee name

Matthew  
"Matt" Heffernan

6 Payee address:

City: State: Zip Code

415 W. Main Tomball, Tx 77378

7 Amount  
(\$)

\$ 500.00

8 Purpose of payment (See instructions regarding type of information required.)

Printing Brochures, web-site  
(If travel outside of Texas, complete Schedule T) work

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

Payee address:

City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

Payee address:

City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

Payee address:

City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**